

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53	/					
4		/					54	/					
5		/					55	/					
6		/					56	/					
7		/					57	/					
8		/					58	/					
9		/					59	/					
10	/						60	/					
11		/					61	/					
12		/					62	/					
13	/						63	3					
14		/					64	3					
15		/					65	2					
16		/					66	4					
17		/					67						
18		/					68						
19		/					69						
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44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.							TOTAL IND.	6					
TOTAL DEP.							TOTAL DEP.	128					
TOTAL CLAIMS							TOTAL CLAIMS	74					

BEST AVAILABLE COPY